

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/554155

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1	1		
3	1		1	1		
4	1		1	1		
5	1		1			
6	1		1			
7	1		1	4		
8	1		1	1		
9	1		1	1		
10	1		1	1		
11	1		1	1		
12	1		1	1		
13	1		1	1		
14	1		1	1		
15	1		1	1		
16	1		1	1		
17	1		1			
18	1		1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	11		11			
TOTAL DEP.	10	↓	10	↓	↓	↓
TOTAL CLAIMS	21	↓	53	↓	↓	↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
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96						
97						
98						
99						
100						
TOTAL IND.	/		/			
TOTAL DEP.	/	↓	/	↓	↓	↓
TOTAL CLAIMS	15	↓	53	↓	↓	↓